



We Are Columbia

MEETING DATE: August 2, 2016
DEPARTMENT: Administration
FROM: *Teresa Wilson, City Manager*
SUBJECT: Additional Funding Requests
FINANCIAL IMPACT:

Total Solar Eclipse Campaign
Welcome to Carolina Vietnam War Commemoration

ATTACHMENTS:

- total_solar_eclipse_campaign (PDF)
- welcome_home_vietnam_war_commemoration (PDF)



CITY OF COLUMBIA HOSPITALITY TAX APPLICATION

DUE MARCH 25TH No later than 12:00 noon

Typed information **must** fit in the space provided. Use at least 10-point font, press the tab key to move between data points, please do not alter the application.

A. REQUEST AMOUNT INFORMATION

FISCAL YEAR: 2016-2017

AMOUNT REQUESTED:

DATE SUBMITTED:

AMOUNT FUNDED LAST YEAR:

OF YRS PROJECT/EVENT FUNDED FROM COC HOSPITALITY TAX:

B. PROJECT INFORMATION

PROJECT/EVENT:

PROJECT/EVENT LOCATION: (Must be inside city limits)

PROJECT/EVENT DATE: (July 1, 2016 – June 30, 2017) to / or ONGOING

C. ORGANIZATION INFORMATION

ORGANIZATION/FISCAL AGENT: (As listed on W-9)

CONTACT PERSON:

DIRECTOR:

MAILING ADDRESS:

PHYSICAL ADDRESS:

PHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

WEB ADDRESS:

D. BRIEF DESCRIPTION OF PROJECT/EVENT

E. PREVIOUS ATTENDANCE

What was the overall attendance for your project/event in previous years? If applicable, provide food and beverage sales. **Note: If your project/event is new, please skip to section F.**

	<u>Attendance</u>	<u>Food Sales</u>	<u>Beverage Sales</u>
FY 2012-13:			
FY 2013-14:			
FY 2014-15:			
FY 2015-16:			

What is your method of tracking attendance?

F. PROJECTED ATTENDANCE

How many people do you estimate will attend the project/event that you are requesting Hospitality Tax funding for in FY 2016-2017?

What is your rationale or documentation for this estimate?

What is your contingency plan for weather (if applicable)?

G. TOURIST ATTENDANCE

One goal of the Hospitality Tax is to attract tourists. A tourist is defined as “someone who travels from outside the city limits.” What percentage of your overall attendance (listed above in sections E and F) are tourists?

What method was used to calculate this figure? (Ex: Zip code tracking, surveys, etc.)

H. PROJECT/EVENT EXPENSES (must match requested amount in section “A”)

Detail how requested Hospitality Tax funds will be expended. This section is for eligible expenditures only, please do not list the entire project budget.

Eligible expenditures are: Advertising/Marketing/Promotions related to Tourism Development, Entertainment, and Security, Tourism-Related Cultural, Recreational or Historic Facilities Tourism-Related Buildings.

Detail Items/Eligible Expenditures	Dollar Amount
Total Request	

I. What percentage, and actual dollar amount, of your total Hospitality Tax allocation goes to direct out of market advertising & promotion? \$

J. PROJECT/EVENT INCOME List ALL sources of funds for the proposed project/event or facility.

Source of Funds	Status of Funds Requested/Approved/ Expected	Dollar Amount
Total Budget		

K. What percentage of your organizational budget is your Hospitality Tax allocation?

L. REQUIRED ATTACHMENTS

Submit the following required documents as attachments to your funding request:

- 1) A detailed budget for the project/event (not the organization)for which you are requesting City funding
- 2) A project/event specific Income & Expense statement for same or similar project/event for the previous funding year
- 3) Current financial statement
- 4) Copy of Secretary of State Letter
- 5) W-9 form
- 6) A copy of your 990-tax form (if applicable)
- 7) A list of your current board members
- 8) A list of all paid staff members-indicate full or part-time or indicate if no paid staff
- 9) List of food/beverage vendors for festivals and events (if applicable)
- 10) A financial sustainability plan for your organization/project/event if not currently on file or if changes have been made.
- 11) A recycling plan for your project/event if applicable

Completed applications (original and required attachments + twelve copies of application and required attachments) due by 12 noon, Friday, March 25, 2016

PLEASE USE FRONT & BACK FOR COPIES OF APPLICATION/REQUIRED ATTACHMENTS. NO STAPLES

M. COMPLIANCE INFORMATION

In the event that you receive a grant award, the information requested in this section will aid the City of Columbia in documenting compliance with state statutes governing the expenditure of Hospitality Tax funding. Please list your organizations information below. If your organization is using a fiscal agent, please list their information below.

1. **How long has this organization been in existence?** Years Months
2. **Is this organization currently chartered as a private, non-profit Organization under South Carolina law?** Yes No Date of Charter:
3. **Does this organization have an IRS Determination Letter and/or a Federal Identification Number?** Yes No Federal ID#: Date of Letter:

STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, the applicant agrees that financial records, support documents, statistical records, and all other records pertinent to Hospitality Tax funding shall be retained for a period of three years. All procurement transactions, regardless of whether negotiated or advertised and without regard to dollar value, shall be conducted in a manner so as to provide maximum open free competition. The funding recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves or others. All expenditures must have adequate documentation. All accounting records and supporting documentation shall be available for inspection by the City of Columbia upon request. No person, on the basis of race, color, or national origin, should be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the program or activity funding in whole or in part by Hospitality Tax funds. Employment made by or resulting from Hospitality Tax funding shall not discriminate against any employee or applicant on the basis of handicap, age, race, color, religion, sex or national origin. None of the funds, materials, property, or services provided directly or indirectly under Hospitality Tax funding shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office. The applicant hereby certifies that the information submitted as part of this application is accurate and reliable. Any change and/or variation must be reported immediately, otherwise funding may be withheld.

Signature of Applicant (Must be an officer of the organization) **Title**

Signature of Witness

Date



CITY OF COLUMBIA
ACCOMMODATIONS TAX APPLICATION
DUE MARCH 18TH No later than 12:00 noon

Information must fit in the space provided. Make sure to use the "TAB" key as you enter information.
Using the "Enter" key in a field will alter the application format. **DO NOT ALTER THE APPLICATION.**

A. REQUEST AMOUNT INFORMATION

FISCAL YEAR: 2016-2017

AMOUNT REQUESTED: \$ 30,000

DATE SUBMITTED: 07/28/2016

AMOUNT FUNDED LAST YEAR: \$ 0

B. PROJECT INFORMATION

PROJECT: Welcome Home to Carolina Vietnam War Commemoration

PROJECT LOCATION: (Must be inside city limits) Fireflies Stadium and SCNG Complex

PROJECT DATE: (July 1, 2016 – June 30, 2017) 11/12/2016 to 11/12/2018 / or ☐ ONGOING

C. ORGANIZATION INFORMATION

ORGANIZATION: South Carolina Military History Foundation

CONTACT PERSON: Steven Jeffcoat

DIRECTOR: Ewell G. Sturgis

MAILING ADDRESS: 1 National Guard Road, Columbia, SC 29201

PHYSICAL ADDRESS: 1225 Bluff Road, Columbia, SC 29201

PHONE NUMBER: (803) 299-4440

FAX NUMBER: (803) 299-2103

E-MAIL ADDRESS: scjeffcoat@msn.com

WEB ADDRESS: scmilitarymuseum.com

D. BRIEF DESCRIPTION OF PROJECT

The Welcome Home to Carolina campaign is a multi-year series of events commemorating SC's Vietnam Veterans. The campaign is being executed by the SC Military History Foundation on behalf of the SC Military Department and the SC Military Museum, both of whom are official Commemorative Partners with the United States 50th Vietnam War Commemoration. The mission of the campaign is twofold: (1) finally provide SC's Vietnam Veterans the welcome home they earned fifty years ago but never properly received; and (2) connect those Veterans in need with resources necessary to ensure they no longer fight their battles alone. The first of these events is scheduled for November 12, 2016, and will include a motorcycle ride and rally honoring SC's fallen Vietnam warriors, a free BBQ with Vietnam era entertainment, and a documentary film chronicling the service and sacrifice of SC's Vietnam heroes.

E. How will your project attract tourists to the City of Columbia?

- (1) Statewide marketing to reach as many SC Vietnam Veterans and their families as possible.
- (2) Grassroots marketing via the VA, American Legion Posts, VFW Posts, etc.
- (3) Connect with patriotic bikers from all over the State and also the southeast.

E. (continued)...How many people do you estimate will attend the project that you are requesting Accommodations Tax funding for in FY 2016-2017? 10,000

If this is an annual event, how many people attended last year?

Of that number, how many people lived outside the City of Columbia?

F. What is your rationale or documentation for this estimate?

SC is one of the most heavily populated States regarding Vietnam Veterans. In fact, Horry County is home to more Vietnam Veterans than any other County in the nation. Our response within the patriotic biker community has been overwhelming. We expect 1,500 to 2,000 bikers alone.

G. Specifically how will the requested funds be used to increase the number of tourists visiting the city?

To reach out to as many SC Vietnam Veterans and their families as possible. The campaign will employ a statewide strategy based on the Columbia, Charleston, Myrtle Beach, Greenville-Spartanburg, Charlotte, and North Augusta markets.

H. Economic Impact - How many tourist dollars do you estimate will be spent by attendees of your project at local businesses? \$ 50,000

I. Additional Comments:

J. Please check all types of expenditures related to your project:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Advertising and Promotion | <input type="checkbox"/> Arts & Cultural Projects | <input type="checkbox"/> Municipal Services |
| <input type="checkbox"/> Tourist Transportation | <input type="checkbox"/> Visitor's Center | <input type="checkbox"/> Public Facilities |
| <input type="checkbox"/> Facilities for Civic/Cultural Events | <input type="checkbox"/> Other | |

K. **PROJECT EXPENSES** (must match requested amount in section "A") Detail how requested A-Tax funds will be expended. Eligible expenditures only, please do not list entire project budget.

Detail Items	Dollar Amount
Cumulus Media (Gamecock Radio Network)	8,500
Lamar Advertising (Statewide Billboards)	7,600
Alpha Media (Digital Targeted Marketing)	3,000
Nehemiah Communications (Google Ad Campaign)	900
WIS TV (Commericals and News Features)	10,000
Total Request	30,000

L. **PROJECT INCOME**

List ALL sources of funds for the proposed project or facility. *Status: Requested/Approved/Expected

Source of Funds	Status of Funds*	Dollar Amount
City of Columbia	Requested	30,000
Richland County H-Tax	Approved	20,000
Richland County Allocation	Approved	10,000
Corporate Sponsorships	Requested	27,000
In Kind Donations	Approved	12,500
Honor Flight SC	Approved	3,600
	Expected	
Total Budget		103,100

M. REQUIRED ATTACHMENTS

Submit the following required documents as attachments to your funding request:

- 1) A detailed budget for the project (not the organization) for which you are requesting City funding
- 2) An event specific Income & Expense statement for same or similar project for the previous funding year
- 3) Current financial statement
- 4) W-9 form
- 5) A copy of your 990-tax form (if applicable)
- 6) A list of your current board members
- 7) A list of all paid staff members, indicate full or part-time
- 8) A list of food/beverage vendors scheduled for the current project (if applicable)
- 9) Projected hotel information sheet

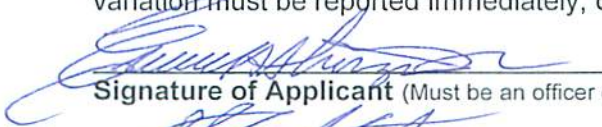
Completed applications (original + eight copies) due by 12 noon, Friday, March 18, 2016. PLEASE USE FRONT AND BACK FOR COPIES OF APPLICATION PACKETS

N. COMPLIANCE INFORMATION In the event that you receive a grant award, the information requested in this section will aid the City of Columbia in documenting compliance with state statutes governing the expenditure of Accommodations Tax funding.

1. How long has this organization or corporation been in existence? 18 Yrs Months
2. Is this organization currently chartered as a private, non-profit Organization under South Carolina law? ☒ Yes ☐ No Date of Charter: 05/05/1998
3. Does this organization have an IRS Determination Letter and/or a Federal Identification Number? ☒ Yes ☐ No Federal ID#: 571069395 Date of Letter:

STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, the applicant agrees that financial records, support documents, statistical records, and all other records pertinent to Accommodations Tax funding shall be retained for a period of three years. All procurement transactions, regardless of whether negotiated or advertised and without regard to dollar value, shall be conducted in a manner so as to provide maximum open free competition. The funding recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves or others. All expenditures must have adequate documentation. All accounting records and supporting documentation shall be available for inspection by the City of Columbia upon request. No person, on the basis of race, color, or national origin, should be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the program or activity funding in whole or in part by Accommodation Tax funds. Employment made by or resulting from Accommodation Tax funding shall not discriminate against any employee or applicant on the basis of handicap, age, race, color, religion, sex or national origin. None of the funds, materials, property, or services provided directly or indirectly under Accommodation Tax funding shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office. The applicant hereby certifies that the information submitted as part of this application is accurate and reliable. Any change and/or variation must be reported immediately, otherwise funding may be withheld.


Signature of Applicant (Must be an officer of the organization)


Title


Signature of Witness

29 July, 2016
Date



PROJECTED HOTEL INFORMATION SHEET

PROJECT NAME: Welcome Home to Carolina Vietnam War Commemoration
CONTACT NAME: Steven Jeffcoat
ADDRESS: 1 National Guard Road, Columbia, SC 29201
PHONE NUMBER: (803) 299-4440
DATE OF PROJECT: 11/12/2016
PROJECT LOCATION: Fireflies Stadium and SCNG Complex

PROJECTED HOTEL ROOMS TO BE USED, PLEASE LIST THE FOLLOWING:

HOTEL NAME: Hilton Columbia Center Hotel
HOTEL ADDRESS: 924 Senate St, Columbia, SC 29201
HOTEL PHONE NO: (803) 744-7800
CONTACT PERSON: Stephanie Molick

PLEASE LIST HOW MANY HOTEL ROOMS WILL BE USED EACH NIGHT:

DAY	MON	TUES	WED	THU	FRI	SAT	SUN
DATE					11/11/2016	11/12/2016	
# OF ROOMS					100	150	

**** If more than one hotel will be used for this project, please copy this form and submit one for each hotel.**

WAS THIS PROJECT HELD IN THE PREVIOUS YEAR? ☐ YES ☒ NO

If yes, please indicate hotel information below:

HOTEL NAME: ~~Hilton Columbia Center Hotel~~
HOTEL ADDRESS: ~~924 Senate St, Columbia, SC 29201~~
HOTEL PHONE NO: ~~(803) 744-7800~~
CONTACT PERSON: ~~Stephanie Molick~~

PLEASE LIST HOW MANY HOTEL ROOMS WERE USED EACH NIGHT:

DAY	MON	TUES	WED	THU	FRI	SAT	SUN
DATE					11/11/2016	11/12/2016	
# OF ROOMS					100	150	

**** If more than one hotel was used in the previous year's project, please copy this form and submit one for each hotel.**